



**Georgia Board of Pharmacy**

A Division of the  
Georgia Department of Community Health

**Please print out and fax the following, along with your receipt, to (678) 717-6694**

**PHARMACY TECHNICIAN REGISTRATION**

**APPLICANT NAME:**

(Print Clearly)

**APPLICANT TRACKING CODE**

(Found on receipt page)

**Additional Employment Form**

If you are employed as a pharmacy technician at more than one pharmacy, please submit this page. You should have already listed one employer on page 3 of the application; do not list the same employer on this page.

Name of Applicant: \_\_\_\_\_

Name and license number of additional pharmacy where you are employed:

\_\_\_\_\_

Name and license number of additional pharmacy where you are employed:

\_\_\_\_\_